

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 2003

RE: MDR Tracking # M2-03-1564-01
IRO Certificate # IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in pain management and anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ while clamping some metal, lost his grip on the ratchet, and went backwards but did not fall. He reports feeling a pull and pain to his lower back. He attended physical therapy and started seeing a pain management physician. He had a lumbar MRI dated 05/22/02 which revealed disc herniation at L1-2 with moderately severe impression on the thecal sac and disc protrusions at L2-S1. The electromyography and nerve conduction velocity studies revealed L2, L5, and S1 nerve root irritation and mild radiculopathy. The patient underwent a lumbar epidural steroid injection series which relieved his radicular pain but not his back pain.

Requested Service(s)

Outpatient lumbar discogram with post-CT scan

Decision

It is determined that the proposed outpatient lumbar discogram with post-CT scan is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient records in this case are not consistent. The physician documentation on one office visit indicates that the "patient has no significant dominant psychological issues". A second office visit a short time later notes "I am concerned about his depression", "He is complaining of a sense of hopelessness, difficulty sleeping, low mood and energy level..." etc.

Based on the above, a psychological evaluation should be performed prior to consideration of a discogram. There might be psychological issues preventing recovery in this patient who has had a minimal response to extensive physical therapy, medications, and epidural steroid injections. These issues would be important to know and address prior to any further invasive treatment.

The North American Spine Society (NASS) guidelines (phase III) (pp. 27-28) for unremitting low back pain (Version 1.0) state: "This finding suggests that a properly performed discogram, combining the findings of both the imaging and provocative tests, can be a helpful procedure in evaluating the role of degenerated and disrupted discs in patients with unremitting low back pain". Discograms are likely to provide highly specific information when:

- 1) Patient has had pain resistant to conservative care for more than six months
- 2) Issues of psychosocial dysfunction are not prominent
- 3) All degenerated discs and one normal disc as indicated by MRI are injected
- 4) Results of the carefully performed imaging and provocative tests are combined.

The pain management physician's last recommendation was for a complete psychological evaluation which is medically indicated prior to any further invasive procedure. Therefore, it is determined that the proposed outpatient lumbar discogram with post-CT scan is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of August 2003.